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### United States Bankruptcy Court District of Puerto Rico

| IN | NRE:   |  | Case No                                      |                     |
|----|--|--|--|---------------------|
| Αl | LLENDE DIAZ, INDIRA  |  | Chapter <b>13</b>                            |                     |
|    |  | tor(s)   |  |                     |
|    | DISCLOSURE O   | F COMPENSATION OF ATTORN   | YEY FOR DEBTOR                               |                     |
| 1. |  | e 2016(b), I certify that I am the attorney for the above, or agreed to be paid to me, for services rendered allows:   |  |                     |
|    | For legal services, I have agreed to accept  |  | \$   | 3,000.00            |
|    | Prior to the filing of this statement I have received .  |  | \$   | 1,000.00            |
|    | Balance Due  |  | \$   | 2,000.00            |
| 2. | The source of the compensation paid to me was:   | Debtor Other (specify):  |  |                     |
| 3. | The source of compensation to be paid to me is:  | Debtor Other (specify):  |  |                     |
| 4. | I have not agreed to share the above-disclosed of  | compensation with any other person unless they are m   | nembers and associates of my law firm.       |                     |
|    | I have agreed to share the above-disclosed com together with a list of the names of the people s | pensation with a person or persons who are not mem haring in the compensation, is attached.  | bers or associates of my law firm. A copy    | y of the agreement, |
| 5. | In return for the above-disclosed fee, I have agreed to  | o render legal service for all aspects of the bankruptcy   | y case, including:                           |                     |
|    | b. Preparation and filing of any petition, schedules   | rendering advice to the debtor in determining whethe<br>s, statement of affairs and plan which may be required<br>reditors and confirmation hearing, and any adjourned                     | d;   |                     |
|    |  |  |  |                     |
| 6. | By agreement with the debtor(s), the above disclosed   | d fee does not include the following services:   |  |                     |
| 1  | I certify that the foregoing is a complete statement of an proceeding.                           | CERTIFICATION  ny agreement or arrangement for payment to me for re  | epresentation of the debtor(s) in this bankr | ruptcy              |
|    | October 1, 2010  | /c/ Carlos E. Bodriguez Ouccada  |  |                     |
| -  | Date   | /s/ Carlos E. Rodriguez Quesada Carlos E. Rodriguez Quesada USDC-PR 124 Carlos E. Rodriguez-Quesada PO Box 9023115 San Juan, PR 00902 (787) 724-2867 Fax: (787) 724-2463 cerqlaw@coqui.net | 1810   |                     |

WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2

### UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

### Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

B201A (Form 201A) (12/09) Page 2

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.

### **United States Bankruptcy Court District of Puerto Rico**

| IN RE:   | Case No.  |
|--|---|
| ALLENDE DIAZ, INDIRA   | Chapter 13  |
| Debtor(s)  | •   |
| CERTIFICATION OF NOTICE TO CO<br>UNDER § 342(b) OF THE BANK  | * *   |
| Certificate of [Non-Attorney] Bankruj  | ptcy Petition Preparer  |
| I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition notice, as required by § 342(b) of the Bankruptcy Code. | n, hereby certify that I delivered to the debtor the attached                           |
| Printed Name and title, if any, of Bankruptcy Petition Preparer Address:   | Social Security number (If the bankruptcy petition preparer is not an individual, state |

 $\mathbf{X}_{-}$ 

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

### **Certificate of the Debtor**

principal, responsible person, or partner of

the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

| ALLENDE DIAZ, INDIRA         | X /s/ INDIRA ALLENDE DIAZ          | 10/01/2010 |
|------------------------------|------------------------------------|------------|
| Printed Name(s) of Debtor(s) | Signature of Debtor                | Date       |
| Case No. (if known)          | X                                  |            |
|                              | Signature of Joint Debtor (if any) | Date       |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

# Part I. REPORT OF INCOME

**B22C** (Official Form 22C) (Chapter 13) (04/10)

(If known)

In re: **ALLENDE DIAZ, INDIRA** 

Case Number: \_

| According to the calculations required by this statement:           |
|---|
| The applicable commitment period is 3 years.                        |
| ☐ The applicable commitment period is 5 years.                      |
|   |
| <b>☑</b> Disposable income is determined under § 1325(b)(3).        |
| ☐ Disposable income is not determined under § 1325(b)(3).           |
| (Check the boxes as directed in Lines 17 and 23 of this statement.) |

### CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

|   |                | _ *** - **   |   |                      |                          |                                |
|---|----------------|--|---|----------------------|--------------------------|--------------------------------|
|   |                | ital/filing status. Check the box that applies and of Unmarried. Complete only Column A ("Debtor Married. Complete both Column A ("Debtor  | or's Income") for Lines 2-10.   |                      |                          |                                |
| 1 | the si         | igures must reflect average monthly income receivix calendar months prior to filing the bankruptcy of the before the filing. If the amount of monthly incordivide the six-month total by six, and enter the results.   | ase, ending on the last day of the<br>ne varied during the six months, you                                    |                      | Column A Debtor's Income | Column B<br>Spouse's<br>Income |
| 2 | Gros           | ss wages, salary, tips, bonuses, overtime, commi   | ssions.   | \$                   |                          | \$                             |
| 3 | a and<br>one b | me from the operation of a business, profession<br>denter the difference in the appropriate column(s)<br>business, profession or farm, enter aggregate numb<br>hment. Do not enter a number less than zero. Do no<br>nses entered on Line b as a deduction in Part I | of Line 3. If you operate more than pers and provide details on an <b>not include any part of the busines</b> |                      |                          |                                |
|   | a.             | Gross receipts   | \$ 16,000.00  |                      |                          |                                |
|   | b.             | Ordinary and necessary operating expenses  | \$ 10,785.00  |                      |                          |                                |
|   | c.             | Business income  | Subtract Line b from Line a   | $\left]\right _{\$}$ | 5,215.00                 | \$                             |
| 4 | diffe          |  | not enter a number less than zero. Do red on Line b as a deduction in   | ,                    |                          |                                |
|   | a.             | Gross receipts   | \$  | _                    |                          |                                |
|   | b.             | Ordinary and necessary operating expenses  | \$  |                      |                          |                                |
|   | c.             | Rent and other real property income  | Subtract Line b from Line a   | \$                   |                          | \$                             |
| 5 | Inte           | rest, dividends, and royalties.  |   | \$                   |                          | \$                             |
| 6 | Pens           | ion and retirement income.   |   | \$                   |                          | \$                             |
| 7 | expe<br>that   | amounts paid by another person or entity, on a nses of the debtor or the debtor's dependents, i purpose. Do not include alimony or separate main dedebtor's spouse.  | ncluding child support paid for   | \$                   |                          | \$                             |

| B22C | Official Form | 22C) (Chapter | 13) | (04/10) |
|------|---------------|---------------|-----|---------|
|      |               |               |     |         |

| (  | 311101111 1 01111 22 0) (01111pto1 10) (0 1/2  | .0)  |   |   |         |               |        |    |           |
|----|--|--|---|---|---------|---------------|--------|----|-----------|
| 8  | Unemployment compensation. Enter However, if you contend that unemploy was a benefit under the Social Security Column A or B, but instead state the ar   | yment compensation received Act, do not list the amount  | ed by you                                       | or your spous                                     | se      |               |        |    |           |
| ·  | Unemployment compensation claimed to be a benefit under the Social Security Act  | Debtor \$  | Spouse \$                                       | \$  | _]      | \$            |        | \$ |           |
| 9  | Income from all other sources. Speci sources on a separate page. Total and e maintenance payments paid by your or separate maintenance. Do not incl Act or payments received as a victim o of international or domestic terrorism.  a.  b. | enter on Line 9. <b>Do not incl</b><br>spouse, but include all of<br>ude any benefits received u | lude alime<br>her paymender the S               | ony or separa<br>ents of alimo<br>Social Security | my<br>m | \$            |        | \$ |           |
| 10 | <b>Subtotal.</b> Add Lines 2 thru 9 in Column through 9 in Column B. Enter the total   |  | ompleted,                                       | add Lines 2                                       |         | \$ <b>5</b> , | 215.00 | \$ |           |
| 11 | <b>Total.</b> If Column B has been completed and enter the total. If Column B has no Column A.   |  |   |   |         | \$            |        |    | 5,215.00  |
|    | Part II. CALCUL  | ATION OF § 1325(b)(4   | ) COMN  | MITMENT 1   | PER     | IOD           |        |    |           |
| 12 | Enter the amount from Line 11.   |  |   |   |         |               |        | \$ | 5,215.00  |
| 13 | Marital Adjustment. If you are marrie that calculation of the commitment per your spouse, enter the amount of the in basis for the household expenses of you a.  b. c.   | iod under § 1325(b)(4) doe<br>acome listed in Line 10, Col                                       | s not requumn B that                            | ire inclusion of at was NOT p                     | of the  | income        | e of   |    | 2.22      |
|    | Total and enter on Line 13.  |  |   |   |         |               |        | \$ | 0.00      |
| 14 | Subtract Line 13 from Line 12 and e  Annualized current monthly income   |  | the amou  | ant from Line                                     | 14 by   | the nui       |        | \$ | 5,215.00  |
| 16 | Applicable median family income. En household size. (This information is average the bankruptcy court.)  | railable by family size at wv  | vw.usdoj.;                                      | gov/ust/ or fro                                   | m the   | e clerk (     | of     | \$ | 62,580.00 |
|    | a. Enter debtor's state of residence: Pu   |  |   | er debtor's hou                                   | seho    | ld size:      |        | \$ | 20,311.00 |
| 17 | Application of § 1325(b)(4). Check th  ☐ The amount on Line 15 is less that 3 years" at the top of page 1 of thi  ☐ The amount on Line 15 is not less period is 5 years" at the top of page  | an the amount on Line 16 is statement and continue with the amount on Line                       | . Check th<br>ith this sta<br>e <b>16.</b> Chec | ne box for "Th<br>ntement.<br>ck the box for      | "The    |               |        |    | •         |
|    | Part III. APPLICATION OF   | F § 1325(b)(3) FOR DET   | ΓERMIN  | NING DISPO  | OSA]    | BLE I         | NCON   | 1E |           |
| 18 | Enter the amount from Line 11.   |  |   |   |         |               |        | \$ | 5,215.00  |

| D22C ( | Officia  | i Form 22C) (Chapter 13) (0 <sup>2</sup>   | +/ 1U)  |   |  |  |               |           |
|--------|--|--|---|---|--|--|---------------|-----------|
| 19     | total of expension Column than the necession control of the contro | tal adjustment. If you are many of any income listed in Line 10, ses of the debtor or the debtor on B income (such as payment the debtor or the debtor's dependant, list additional adjustments only, enter zero.  | Column B that we sadependents. Specific spouse's tailedents) and the an   | as NO<br>ecify in<br>x liabi<br>nount o                   | T paid on a regular basis for<br>the lines below the basis for<br>lity or the spouse's support of<br>income devoted to each put  | the household<br>excluding the<br>f persons other<br>pose. If  |               |           |
|        | a.   |  |   |   |  | \$   |               |           |
|        | b.   |  |   |   |  | \$   |               |           |
|        | c.   |  |   |   |  | \$   |               |           |
|        | Tota   | l and enter on Line 19.  |   |   | 1  | <u>,                                    </u>   | \$            | 0.00      |
| 20     | Curre  | ent monthly income for § 132   | <b>5(b)(3).</b> Subtract  | Line 1  | 9 from Line 18 and enter the   | result.  | \$            | 5,215.00  |
| 21     |  | alized current monthly incond enter the result.  | ne for § 1325(b)(   | <b>3).</b> Mu   | ltiply the amount from Line 2  | 20 by the number   | \$            | 62,580.00 |
| 22     | Appli  | cable median family income.  | Enter the amount  | from l  | Line 16.   |  | \$            | 20,311.00 |
| 23     |  | cation of § 1325(b)(3). Check<br>he amount on Line 21 is more<br>inder § 1325(b)(3)" at the top of<br>he amount on Line 21 is not a<br>etermined under § 1325(b)(3)"<br>complete Parts IV, V, or VI.   | e than the amount f page 1 of this standard than the an   | nt on I<br>ntemen<br>nount                                | Line 22. Check the box for "It and complete the remaining on Line 22. Check the box for  | parts of this staten<br>or "Disposable inco  | nent.<br>me i | is not    |
|        |  |  |   |   | ONS ALLOWED UNDE   |  |               |           |
|        | <b>N</b> T 41  | <u> </u>   |   |   |  |  |               |           |
| 24A    | misce<br>Exper   | nal Standards: food, apparel<br>llaneous. Enter in Line 24A th<br>ases for the applicable househo<br>erk of the bankruptcy court.)   | e "Total" amount  | from I  | RS National Standards for A  | llowable Living  | \$            | 985.00    |
| 24B    | Out-o<br>Out-o<br>www.<br>your h<br>house<br>the nu<br>memb<br>house   | ral Standards: health care. Ef-Pocket Health Care for person f-Pocket Health Care for person usdoj.gov/ust/ or from the clerk nousehold who are under 65 years of age of mber stated in Line 16b.) Multiple stated in Line 16b.) Multiple stated in Line 16b. Multiple stated in Line | ns under 65 years of age k of the bankrupto ars of age, and en r older. (The total tiply Line al by Lult in Line c1. Mud enter the result | of age<br>or old<br>by cour<br>ter in I<br>numb<br>ine b1 | e, and in Line a2 the IRS Nati-<br>der. (This information is avail<br>tt.) Enter in Line b1 the numb<br>Line b2 the number of member<br>er of household members mu<br>to obtain a total amount for h<br>Line a2 by Line b2 to obtain a | onal Standards for<br>able at<br>er of members of<br>ers of your<br>st be the same as<br>lousehold<br>a total amount for |               |           |
|        | Hou  | sehold members under 65 ye   | ars of age  | Hou   | sehold members 65 years of   | age or older   |               |           |
|        | a1.  | Allowance per member   | 60.00   | a2.   | Allowance per member   | 144.00   |               |           |
|        | b1.  | Number of members  | 2   | b2.   | Number of members  | 0  |               |           |
|        | c1.  | Subtotal   | 120.00  | c2.   | Subtotal   | 0.00   | \$            | 120.00    |
| 25A    | and U  | Standards: housing and utilities Standards; non-mortgagnation is available at www.usdo   | ge expenses for th  | e appli   | cable county and household s   |  | \$            | 490.00    |

25B

28

b.

the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. **Do not enter an amount less than zero.** 

IRS Transportation Standards, Ownership Costs

Net ownership/lease expense for Vehicle 1

stated in Line 47

Average Monthly Payment for any debts secured by Vehicle 1, as

\$

\$

\$

496.00

428.09

Subtract Line b from Line a

265.00

67.91

**Local Standards: housing and utilities; mortgage/rent expense.** Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. **Do not enter an amount less than zero.** 

| Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.  Other Necessary Expenses: telecommunication services enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such  | B22C ( | Official Form 22C) (Chapter 13) (04/10)   |    |          |  |  |
|--|--------|---|----|----------|--|--|
| Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47  c. Net ownership/lease expense for Vehicle 2  30 Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, soical-security taxes, and Medicare taxes. Do not include real estate or sales taxes.  5 Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions.  5 Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  5 Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.  5 Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other education apayments.  5 Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  6 Other Necessary Expe |        |   |    |          |  |  |
| Average Monthly Payment for any debts secured by Vehicle 2, as b. stated in Line 47  c. Net ownership/lease expense for Vehicle 2  Subtract Line b from Line a  Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health sa | 29     | Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47;   |    |          |  |  |
| b. stated in Line 47 c. Net ownership/lease expense for Vehicle 2  Subtract Line b from Line a  Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not citized. But the advance of payments is not include payments for health insurance or health savings accounts l |        | a. IRS Transportation Standards, Ownership Costs \$   |    |          |  |  |
| Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.  Other Necessary Expenses: telecommunication services ther than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previo |        |   |    |          |  |  |
| federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.  66  Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as madatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.  Other Necessary Expenses: telecommunication services.  |        | c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a  | \$ |          |  |  |
| deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your d | 30     | federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment  | \$ | 600.00   |  |  |
| for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services. Enter the total average monthly amount that pour actually pay for telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services  | 31     | deductions that are required for your employment, such as mandatory retirement contributions, union dues,   | \$ |          |  |  |
| required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.   | 32     | for term life insurance for yourself. Do not include premiums for insurance on your dependents, for   |    |          |  |  |
| child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  \$   | 33     | required to pay pursuant to the order of a court or administrative agency, such as spousal or child support   | \$ |          |  |  |
| on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  \$   | 34     | <b>child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for  | \$ |          |  |  |
| expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  \$   | 35     | on childcare—such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational</b>   | \$ |          |  |  |
| you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>  | 36     | expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in   | \$ |          |  |  |
| 38 Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37 \$ 2.52  | 37     | you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously</b> | \$ |          |  |  |
| Town 2 person rate and rate beamont and black are tout of Lines 2 ; and agree 7  | 38     | Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.   | \$ | 2,527.91 |  |  |

| D22U ( | Officia   | al Form 22C) (Chapter 13) (04/10)  |  |    |        |
|--------|---|--|--|----|--------|
|        |   |  | pense Deductions under § 707(b)<br>ses that you have listed in Lines 24-37   |    |        |
|        | expe  | th Insurance, Disability Insurance, and Health anses in the categories set out in lines a-c below that se, or your dependents.   |  |    |        |
|        | a.  | Health Insurance   | \$   |    |        |
|        | b.  | Disability Insurance   | \$   |    |        |
| 39     | c.  | Health Savings Account   | \$   |    |        |
|        | Total   | and enter on Line 39   |  | \$ |        |
|        |   | u do not actually expend this total amount, state pace below:  | your actual total average monthly expenditures in  |    |        |
| 40     | mont<br>elder   | inued contributions to the care of household or<br>hly expenses that you will continue to pay for the r<br>ly, chronically ill, or disabled member of your hou<br>te to pay for such expenses. <b>Do not include payment</b>   | reasonable and necessary care and support of an sehold or member of your immediate family who is   | \$ |        |
| 41     | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. |  |  |    |        |
| 42     | Loca<br>prov  | e energy costs. Enter the total average monthly and I Standards for Housing and Utilities, that you actuide your case trustee with documentation of you the additional amount claimed is reasonable and  | ally expend for home energy costs. You must ir actual expenses, and you must demonstrate   | \$ |        |
| 43     | actua<br>secon<br><b>trust</b>  | ration expenses for dependent children under 18 lly incur, not to exceed \$147.92* per child, for attendary school by your dependent children less than bee with documentation of your actual expenses, asonable and necessary and not already account                     | 18 years of age. You must provide your case and you must explain why the amount claimed  | \$ | 147.92 |
| 44     | cloth<br>Natio  | tional food and clothing expense. Enter the total ing expenses exceed the combined allowances for an allowances for an allowances, not to exceed 5% of those combine audoj.gov/ust/ or from the clerk of the bankruptcy tional amount claimed is reasonable and necessary. | food and clothing (apparel and services) in the IRS d allowances. (This information is available at court.) <b>You must demonstrate that the</b> | \$ |        |
| 45     | chari   | $U.S.C.\ \S\ 170(c)(1)-(2).$ Do not include any amou   | instruments to a charitable organization as defined  | \$ |        |
| 46     | Tota  | Additional Expense Deductions under § 707(b)   | ). Enter the total of Lines 39 through 45.   | \$ | 147.92 |
|        |   |  |  | -  |        |

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

### **Subpart C: Deductions for Debt Payment** Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47. Average Does payment 47 Monthly include taxes or Name of Creditor Property Securing the Debt Payment insurance? **FIRST BANK** Residence 102.90 \$ ☐ yes 🗸 no **TOYOTA CREDIT PR COI** Automobile (1) \$ 31.67 **√** yes no 2,929.75 See Continuation Sheet \$ c. no yes Total: Add lines a, b and c. \$ 3,064.32 Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. 48 1/60th of the Name of Creditor Property Securing the Debt Cure Amount \$ \$ b. \$ c. Total: Add lines a, b and c. \$ **Payments on prepetition priority claims.** Enter the total amount, divided by 60, of all priority claims, 49 such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. \$ 66.28 Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. \$ Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States 50 Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy X court.) Average monthly administrative expense of Chapter 13 Total: Multiply Lines a and b case \$ 3,130.60 Total Deductions for Debt Payment. Enter the total of Lines 47 through 50. 51 **Subpart D: Total Deductions from Income** 5,806.43 52 **Total of all deductions from income.** Enter the total of Lines 38, 46, and 51.

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|    |                              | Part V. DETERMINATION OF DISPOSABLE INCOME UNDER   | 2 § 1325(b)(2)  |         |          |
|----|------------------------------|--|---|---------|----------|
| 53 | Tota                         | l current monthly income. Enter the amount from Line 20.   |   | \$      | 5,215.00 |
| 54 | disab                        | <b>port income.</b> Enter the monthly average of any child support payments, foster care partity payments for a dependent child, reported in Part I, that you received in accordance able nonbankruptcy law, to the extent reasonably necessary to be expended for such  | ce with   | \$      |          |
| 55 | from                         | <b>lified retirement deductions.</b> Enter the monthly total of (a) all amounts withheld by wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and yments of loans from retirement plans, as specified in § 362(b)(19).  |   | \$      |          |
| 56 | Tota                         | l of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.  |   | \$      | 5,806.43 |
|    | for win lir total prov       | nection for special circumstances. If there are special circumstances that justify addit which there is no reasonable alternative, describe the special circumstances and the results a-c below. If necessary, list additional entries on a separate page. Total the expension Line 57. You must provide your case trustee with documentation of these expenses idea detailed explanation of the special circumstances that make such expenses necessonable. | ulting expenses<br>es and enter the<br>s and you must |         |          |
| 57 |                              | Nature of special circumstances  | Amount of expense                                     |         |          |
|    | a.                           |  | \$  |         |          |
|    | b.                           |  | \$  |         |          |
|    | c.                           |  | \$  |         |          |
|    | Total: Add Lines a, b, and c |  |   |         |          |
| 58 |                              | adjustments to determine disposable income. Add the amounts on Lines 54, 55, 5 the result.   | 66, and 57 and  | \$      | 5,806.43 |
| 59 | Mon                          | thly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and en  | ter the result.                                       | \$      | -591.43  |
|    |                              | Part VI. ADDITIONAL EXPENSE CLAIMS   |   |         |          |
|    | and wincon                   | <b>Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form relfare of you and your family and that you contend should be an additional deduction the under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page monthly expense for each item. Total the expenses.  | from your curren                                      |         |          |
|    | avera                        | ge monthly expense for each item. Total the expenses.  | TILL LIGHT US SHOW                                    |         |          |
|    | avera                        | Expense Description  | Monthly A   | d refle | ect your |
| 59 | a.                           |  |   | d refle | ect your |
| 59 |                              |  | Monthly A   | d refle | ect your |
| 59 | a.                           |  | Monthly A   | d refle | ect your |
| 59 | a.<br>b.                     |  | Monthly A \$ \$ \$                                    | d refle | ect your |
| 59 | a.<br>b.                     | Expense Description  | Monthly A \$ \$ \$                                    | d refle | ect your |
| 59 | a. b. c.                     | Expense Description  Total: Add Lines a, b and   | Monthly A \$ \$ \$ c \$                               | d refle | t        |
| 60 | a. b. c. I decl              | Expense Description  Total: Add Lines a, b and  Part VII. VERIFICATION  are under penalty of perjury that the information provided in this statement is true and   | Monthly A \$ \$ \$ c \$                               | d refle | t        |
|    | a. b. c. I decl              | Expense Description  Total: Add Lines a, b and  Part VII. VERIFICATION  are under penalty of perjury that the information provided in this statement is true and debtors must sign.)  October 1, 2010  Signature: /s/INDIRA ALLENDE DIAZ   | Monthly A \$ \$ \$ c \$                               | d refle | t        |

| IN DE | ΔΙΙ | <b>FND</b> | E DIAZ | סואו ז | IR A |
|-------|-----|------------|--------|--------|------|
|       |     |            |        |        |      |

### \_\_\_\_ Case No. \_\_\_\_

### CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME

**Continuation Sheet - Future payments on secured claims** 

| Name of Creditor                 | Property Securing the Debt | Average Pmt |    |
|----------------------------------|----------------------------|-------------|----|
| FIRST BANK TOYOTA CREDIT PR CORP | Residence                  | 2,533.33    | No |
|                                  | Automobile (1)             | 396.42      | No |

**B1 (Official Form 1) (4/10)** 

| United States Bankruptcy Court District of Puerto Rico Volu   |  |   |  |   | untary Petition   |  |  |  |
|---|--|---|--|---|---|--|--|--|
| Name of Debtor (if individual, enter Last, First, Mid<br>ALLENDE DIAZ, INDIRA   | dle):  |   | Name of Joint Debtor (Spouse) (Last, First, Middle):   |   |   |  |  |  |
| All Other Names used by the Debtor in the last 8 ye. (include married, maiden, and trade names):  | ars  |   |  |   | ed by the Joint Debtor<br>aiden, and trade names  |  | 3 years  |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer EIN (if more than one, state all): <b>1438</b>   | Complete   | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):                        |  |   |   |  |  |  |
| Street Address of Debtor (No. & Street, City, State of COND VISTA VERDE CARR 849 EDIF 1200 APT 165  | & Zip Code):   | Zip Code): Str  |  |   | Street Address of Joint Debtor (No. & Street, City, State & Zip Code):  |  |  |  |
| SAN JUAN, PR  | ZIPCODE 00   | 924   | ZIPCODE  |   |   |  |  |  |
| County of Residence or of the Principal Place of But  | siness:  |   | County of I  | Residenc  | e or of the Principal Pla   | ace of Busin   | ness:  |  |
| Mailing Address of Debtor (if different from street a   | address)   |   | Mailing Ac   | ldress of   | Joint Debtor (if differe  | ent from stre  | eet address):  |  |
|   | ZIPCODE  |   |  |   |   |  | ZIPCODE  |  |
| Location of Principal Assets of Business Debtor (if   | different from str   | reet address ab   | ove):  |   |   | <u> </u>   |  |  |
|   |  |   |  |   |   |  | ZIPCODE  |  |
| Type of Debtor (Form of Organization) (Check one box.)  ✓ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  Corporation (includes LLC and LLP)  Partnership  Other (If debtor is not one of the above entities, check this box and state type of entity below.)  Filing Fee (Check one box)  ✓ Full Filing Fee attached  Filing Fee to be paid in installments (Applicable to only). Must attach signed application for the cour consideration certifying that the debtor is unable to except in installments. Rule 1006(b). See Official  Filing Fee waiver requested (Applicable to chapter only). Must attach signed application for the cour consideration. See Official Form 3B.   | Single As U.S.C. §  Railroad  Stockbrol  Commod  Clearing  Other  Debtor is  Title 26 of  Internal F  o individuals  o pay fee  Form 3A. | Tax-Exempt Check box, if a a tax-exempt of the United S Revenue Code) Check one to Debtor is Debtor is Debtor's than \$2,3 Check all ap | Entity pplicable.) organization tates Code (tf. a small busin not a small b aggregate not 43,300 (amoto- policable box being filed w | under neess debte usiness de transcontinge unt subjection sees: | the Petitic  Chapter 7 Chapter 9 Chapter 11 Chapter 12 Chapter 12 Chapter 13  Debts are primari debts, defined in \$ 101(8) as "incur individual primari personal, family, hold purpose."  Chapter 11 Debtor or as defined in 11 U.S lebtor as defined in 11 u. | on is Filed on the control of the co | e box.)  Pr Debts are primarily business debts.  Did |  |
| Statistical/Administrative Information  |  |   | ces of the place with 11 U.  |   |   | n one or mo  | THIS SPACE IS FOR  |  |
|   |  |   |  |   |   |  | COURT USE ONLY   |  |
| Estimated Number of Creditors   |  |   | 001-<br>000  | 25,001-<br>50,000   | 50,001-<br>100,000  | Over 100,000   |  |  |
| Estimated Assets  So to \$50,001 to \$100,001 to \$500,001 to \$1, \$50,000 \$100,000 \$500,000 \$1 million \$100,000 \$1 |  | 000,001 \$50<br>50 million \$10   | 0,000,001 to   | \$100,000 to \$500  | 0,001 \$500,000,001<br>million to \$1 billion   | More that  |  |  |
| Estimated Liabilities   |  | 000,001 \$50<br>50 million \$10   | 0,000,001 to<br>00 million   | \$100,00<br>to \$500  | 0,001 \$500,000,001<br>million to \$1 billion   | More than  |  |  |

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| B1 (Official Form 1) (4/10)  | _   | Page 2                                    |  |  |  |
|--|---|---|--|--|--|
| Voluntary Petition (This page must be completed and filed in every case)   | Name of Debtor(s): ALLENDE DIAZ, INDIRA                       |   |  |  |  |
| Prior Bankruptcy Case Filed Within Last  | 8 Years (If more than two, attach                             | additional sheet)                         |  |  |  |
| Location<br>Where Filed: <b>None</b>   | Case Number:  | Date Filed:                               |  |  |  |
| Location<br>Where Filed:   | Case Number:  | Date Filed:                               |  |  |  |
| Pending Bankruptcy Case Filed by any Spouse, Partner of  | Affiliate of this Debtor (If mo                               | re than one, attach additional sheet)     |  |  |  |
| Name of Debtor: None   | Case Number: Date Filed:                                      |   |  |  |  |
| District:  | Relationship:   | Judge:                                    |  |  |  |
| Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition. | whose debts are primarily consumer debts.)                    |   |  |  |  |
|  | X /s/ Carlos E. Rodriguez Signature of Attorney for Debtor(s) | Quesada 10/01/10                          |  |  |  |
| Exh  | ibit C  |   |  |  |  |
| Does the debtor own or have possession of any property that poses or is or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No   | alleged to pose a threat of imminer                           | nt and identifiable harm to public health |  |  |  |
| Exh  (To be completed by every individual debtor. If a joint petition is filed, of  ☑ Exhibit D completed and signed by the debtor is attached and m  If this is a joint petition:  ☐ Exhibit D also completed and signed by the joint debtor is attached.   | ade a part of this petition.                                  | ach a separate Exhibit D.)                |  |  |  |
| Information Regard   | ng the Debtor - Venue   |   |  |  |  |
|  | applicable box.) of business, or principal assets in th       | is District for 180 days immediately      |  |  |  |
| ☐ There is a bankruptcy case concerning debtor's affiliate, general  |   |   |  |  |  |
| Debtor is a debtor in a foreign proceeding and has its principal p<br>or has no principal place of business or assets in the United States<br>in this District, or the interests of the parties will be served in re-  | but is a defendant in an action or pr                         | oceeding [in a federal or state court]    |  |  |  |
| Certification by a Debtor Who Resid  |   | Property                                  |  |  |  |
| (Check all ap  Landlord has a judgment against the debtor for possession of de   | plicable boxes.)<br>btor's residence. (If box checked, c      | omplete the following.)                   |  |  |  |
| (Name of landlord or less  | sor that obtained judgment)                                   |   |  |  |  |
| (Address of la   | ndlord or lessor)   |   |  |  |  |
| Debtor claims that under applicable nonbankruptcy law, there at the entire monetary default that gave rise to the judgment for po-   |   |   |  |  |  |
| Debtor has included in this petition the deposit with the court of<br>filing of the petition.  | any rent that would become due du                             | uring the 30-day period after the         |  |  |  |
| ☐ Debtor certifies that he/she has served the Landlord with this cer   | tification. (11 U.S.C. § 362(l)).                             |   |  |  |  |

### **Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

(Check only **one** box.)

§ 1515 are attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

### ALLENDE DIAZ, INDIRA

### **Signatures**

X

Date

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Attorney\*

Carlos E. Rodriguez Quesada USDC-PR 124810

X /s/INDIRA ALLENDE DIAZ

Signature of Debtor

**INDIRA ALLENDE DIAZ** 

Χ

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

X /s/ Carlos E. Rodriguez Quesada

Carlos E. Rodriguez-Quesada

(787) 724-2867 Fax: (787) 724-2463

Signature of Attorney for Debtor(s)

San Juan, PR 00902

cerglaw@coqui.net

PO Box 9023115

October 1, 2010

### **Signature of Non-Attorney Petition Preparer**

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this

petition is true and correct, that I am the foreign representative of a debtor

☐ I request relief in accordance with chapter 15 of title 11, United

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the

States Code. Certified copies of the documents required by 11 U.S.C.

chapter of title 11 specified in this petition. A certified copy of the

order granting recognition of the foreign main proceeding is attached.

in a foreign proceeding, and that I am authorized to file this petition.

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

### October 1, 2010

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

| Signature  | of Authorized I  | Individual     |  |  |
|------------|------------------|----------------|--|--|
| Printed N  | Jame of Authoriz | zed Individual |  |  |
| Title of A | authorized Indiv | idual          |  |  |

Χ

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

### **United States Bankruptcy Court District of Puerto Rico**

| IN RE:               | Case No    |
|----------------------|------------|
| ALLENDE DIAZ, INDIRA | Chapter 13 |
| Debtor(s)            |            |

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS           | LIABILITIES   | OTHER       |
|--|----------------------|---------------------|------------------|---------------|-------------|
| A - Real Property  | Yes                  | 1                   | \$<br>145,000.00 |               |             |
| B - Personal Property  | Yes                  | 3                   | \$<br>26,600.00  |               |             |
| C - Property Claimed as Exempt   | Yes                  | 1                   |                  |               |             |
| D - Creditors Holding Secured Claims   | Yes                  | 1                   |                  | \$ 183,859.22 |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 2                   |                  | \$ 4,168.87   |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 2                   |                  | \$ 39,374.54  |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                   |                  |               |             |
| H - Codebtors  | Yes                  | 1                   |                  |               |             |
| I - Current Income of Individual Debtor(s)   | Yes                  | 1                   |                  |               | \$ 8,363.00 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 1                   |                  |               | \$ 7,943.72 |
|  | TOTAL                | 14                  | \$<br>171,600.00 | \$ 227,402.63 |             |

### **United States Bankruptcy Court District of Puerto Rico**

| IN RE:   | Case No.                                     |
|--|--|
| ALLENDE DIAZ, INDIRA   | Chapter 13                                   |
| Debtor(s)  | •  |
| STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELA  | ATED DATA (28 U.S.C. § 159)                  |
| If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested be | - · ·  |
| Check this box if you are an individual debtor whose debts are NOT primarily consume information here.   | er debts. You are not required to report any |
| This information is for statistical nurnoses only under 28 U.S.C. 8 159  |  |

| Type of Liability   | Amount         |
|---|----------------|
| Domestic Support Obligations (from Schedule E)  | \$<br>0.00     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$<br>4,168.87 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$<br>0.00     |
| Student Loan Obligations (from Schedule F)  | \$<br>2,904.20 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$<br>0.00     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$<br>0.00     |
| TOTAL   | \$<br>7,073.07 |

Summarize the following types of liabilities, as reported in the Schedules, and total them.

### **State the following:**

| Average Income (from Schedule I, Line 16)  | \$<br>8,363.00 |
|--|----------------|
| Average Expenses (from Schedule J, Line 18)  | \$<br>7,943.72 |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20) | \$<br>5,215.00 |

### State the following:

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |                | \$<br>18,034.22 |
|--|----------------|-----------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$<br>3,977.00 |                 |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |                | \$<br>191.87    |
| 4. Total from Schedule F   |                | \$<br>39,374.54 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |                | \$<br>57,600.63 |

| R6A | (Official | Form | 64) | (12/07)     |
|-----|-----------|------|-----|-------------|
| DUA | СОПИСТАТ  | rorm | DAI | (   2/11/ ) |

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|-----|---------------|-----|-------------|---------|--------------|---|
| 11. |               |     |             | <i></i> |              | _ |

|           | Case No. |            |
|-----------|----------|------------|
| Debtor(s) |          | (If known) |

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY  | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION | AMOUNT OF SECURED<br>CLAIM |
|---|--|---------------------------------------|--|----------------------------|
| APARTMENT #165, VISTA VERDE COND, SAN JUAN,<br>PUERTO RICO- FOLIO MOVIL 967 FINCA 31,545 DE<br>SABANA LLANA INSCRIPCION PRIMERA SECCION<br>QUINTA DE SAN JUAN | RESIDENCE                                  | н                                     | 145,000.00   | 158,174.00                 |
|   |  |                                       |  |                            |
|   |  |                                       |  |                            |
|   |  |                                       |  |                            |
|   |  |                                       |  |                            |
|   |  |                                       |  |                            |

TOTAL

145,000.00

(Report also on Summary of Schedules)

### IN RE ALLENDE DIAZ, INDIRA

|           | case No |            |
|-----------|---------|------------|
| Debtor(s) |         | (If known) |

### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY    | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|---|---------------------------------------|--|
| 1.  | Cash on hand.   |                  | CASH ON HAND                            |                                       | 75.00  |
| 2.  | Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                      | X                |   |                                       |  |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  | X                |   |                                       |  |
| 4.  | Household goods and furnishings, include audio, video, and computer equipment.  |                  | HOUSEHOLD GOODS AND FURNITURE           |                                       | 3,000.00   |
| 5.  | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  |                  | MEDICINE BOOKS                          |                                       | 2,000.00   |
| 6.  | Wearing apparel.  |                  | WEARING APPAREL                         |                                       | 500.00   |
| 7.  | Furs and jewelry.   |                  | JEWELRY                                 |                                       | 200.00   |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | X                |   |                                       |  |
| 9.  | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | Х                |   |                                       |  |
| 10. | Annuities. Itemize and name each issue.   | X                |   |                                       |  |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |   |                                       |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |   |                                       |  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   |                  | 100% OWNERSHIP STOCKS MEDCORPHEALTH PSC |                                       | 0.00   |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |   |                                       |  |
|     |   |                  |   |                                       |  |

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(If known)

### SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|--------------------------------------|---------------------------------------|--|
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments.   | X                |                                      |                                       |  |
| 16. | Accounts receivable.  | X                |                                      |                                       |  |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  | X                |                                      |                                       |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |                                      |                                       |  |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.   | X                |                                      |                                       |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |                                      |                                       |  |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |                                      |                                       |  |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | Х                |                                      |                                       |  |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |                                       |  |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |                                       |  |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | 2008 TOYOTA FJ CRUISER               |                                       | 20,825.00  |
| 26. | Boats, motors, and accessories.   | X                |                                      |                                       |  |
| 27. | Aircraft and accessories.   | X                |                                      |                                       |  |
| 28. | Office equipment, furnishings, and supplies.  | X                |                                      |                                       |  |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | Х                |                                      |                                       |  |
| 30. | Inventory.  | X                |                                      |                                       |  |
| 31. | Animals.  | X                |                                      |                                       |  |
| 32. | Crops - growing or harvested. Give particulars.   | X                |                                      |                                       |  |
| 33. | Farming equipment and implements.   | X                |                                      |                                       |  |
| 34. | Farm supplies, chemicals, and feed.   | X                |                                      |                                       |  |
|     |   |                  |                                      |                                       |  |

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(If known)

### SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|--|------------------|--------------------------------------|---------------------------------------|--|
| 35 Other personal property of any kind                               | Х                |                                      | H                                     |  |
| 35. Other personal property of any kind not already listed. Itemize. |                  |                                      |                                       |  |
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(If known)

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor elects the exemptions to which debtor is entitled under: | Check if debtor claims a homestead exemption that exceeds \$146,450. * |
|---|--|
| (Check one box)   |  |

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY       | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|-------------------------------|--------------------------------------|----------------------------|--|
| SCHEDULE B - PERSONAL PROPER  | RTY                                  |                            |  |
| CASH ON HAND                  | 11 USC § 522(d)(1)                   | 75.00                      | 75.00  |
| HOUSEHOLD GOODS AND FURNITURE | 11 USC § 522(d)(3)                   | 3,000.00                   | 3,000.00   |
| MEDICINE BOOKS                | 11 USC § 522(d)(3)                   | 2,000.00                   | 2,000.00   |
| WEARING APPAREL               | 11 USC § 522(d)(3)                   | 500.00                     | 500.00   |
| JEWELRY                       | 11 USC § 522(d)(4)                   | 200.00                     | 200.00   |
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| R6D | (Official | Form | <b>6D</b> ) | (12/07) |
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### IN RE ALLENDE DIAZ, INDIRA

| Case No. |             |
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### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Debtor(s)

| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|------------------------------|
| ACCOUNT NO. 219799   |          |                                       | 2006 MORTGAGE LOAN ARREARS   |            |              |          | 6,174.00  |                              |
| FIRST BANK<br>PO BOX 11868<br>SAN JUAN, PR 00910-9998  |          |                                       |  |            | l            |          |   |                              |
|  |          |                                       | VALUE \$ 145,000.00  |            |              |          |   |                              |
| ACCOUNT NO. <b>219799</b>  |          |                                       | 2006 MORTGAGE LOAN   |            |              |          | 152,000.00  | 13,174.00                    |
| FIRST BANK<br>PO BOX 11868<br>SAN JUAN, PR 00910-9998  |          |                                       |  |            |              |          |   |                              |
|  |          |                                       | VALUE \$ 145,000.00  | 1          |              |          |   |                              |
| ACCOUNT NO.  |          |                                       | 12/01/2008 AUTO LOAN ARREARS   |            |              |          | 1,900.00  |                              |
| TOYOTA CREDIT PR CORP<br>P.O. BOX 71410<br>SAN JUAN, PR 00936-8510   |          |                                       |  |            |              |          |   |                              |
|  |          |                                       | VALUE \$ 20,825.00   |            |              |          |   |                              |
| ACCOUNT NO.  |          |                                       | 2008 AUTO LOAN   | Τ          |              |          | 23,785.22   | 4,860.22                     |
| TOYOTA CREDIT PR CORP<br>P.O. BOX 71410<br>SAN JUAN, PR 00936-8510   |          |                                       |  |            |              |          |   |                              |
|  |          |                                       | VALUE \$ 20,825.00   |            |              |          |   |                              |
| ocntinuation sheets attached   |          |                                       | (Total of t  |            | otota        |          | \$ 183,859.22   | \$ 18,034.22                 |
|  |          |                                       |  |            | Tota         | al       |   |                              |

(Use only on last page) \$\\ 183,859.22

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

18.034.22

| R6F | (Official | Form | (F) | (04/10) |
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### IN RE ALLENDE DIAZ, INDIRA

1 continuation sheets attached

Debtor(s)

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### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). Deposits by individuals Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). **▼** Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). \* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

### **Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY,<br>IF ANY |
|---|----------|---------------------------------------|--|------------|--------------|----------|-----------------------|--------------------------------------|--|
| ACCOUNT NO. <b>000-00-1438</b>  | T        |                                       | 2009 1040PR  | T          | X            |          |                       |                                      |  |
| INTERNAL REVENUE SERVICE<br>P O BOX 21126<br>PHILADELPHIA, PA 19114-0326                                |          |                                       |  |            |              |          | 4,168.87              | 3,977.00                             | 191.87   |
| ACCOUNT NO.   |          |                                       |  |            |              |          |                       |                                      |  |
| ACCOUNT NO.   | _        |                                       |  |            |              |          |                       |                                      |  |
| ACCOUNT NO.   | _        |                                       |  |            |              |          |                       |                                      |  |
| ACCOUNT NO.   | _        |                                       |  |            |              |          |                       |                                      |  |
| ACCOUNT NO.   | -        |                                       |  |            |              |          |                       |                                      |  |
| Sheet no <b>1</b> of <b>1</b> continuation sheet:   | S att    | tached                                | to   | Sub        | otots        | al       |                       |                                      |  |
| Schedule of Creditors Holding Unsecured Priority  | Cl       | aims                                  | (Totals of th  | nis p      | oage         | e)       | \$ 4,168.87           | \$ 3,977.00                          | \$ 191.87  |
| (Use only on last page of the com   | plet     | ed Scl                                | nedule E. Report also on the Summary of Sch            | nedu       |              | .)       | \$ 4,168.87           |                                      |  |
|   |          |                                       | last page of the completed Schedule E. If ap           | plic       |              | e,       |                       | \$ 3,977,00                          | ¢ 191.87   |

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### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT   | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|----------|---------------------------------------|--|--------------|--------------|----------|-----------------------|
| ACCOUNT NO. 9375628410   |          |                                       | 2003 STUNDENT LOAN OBLIGATION  |              |              |          |                       |
| AES<br>HARRISBURG<br>HARRISBURG, PA 17130-0081   |          |                                       |  |              |              |          | 2,904.20              |
| ACCOUNT NO. K CM2010-1515  |          |                                       | 06/24/2010 COMPLAINT RULE 60   |              |              | X        |                       |
| AIXA E LOPEZ RIVERA<br>CALLE TIJUANA AD-9A<br>URB VENUS GARDENS<br>SAN JUAN, PR 00926              |          |                                       |  |              |              |          | 3,681.35              |
| ACCOUNT NO. <b>0551672759</b>  |          |                                       | 04/2009 UTILITIES BUSINESS   |              | Χ            |          |                       |
| AUTORIDAD DE ACUEDUCTOS Y ALCANTARILLADO<br>PO BOX 70101<br>SAN JUAN, PR 00936-8101                |          |                                       |  |              |              |          | 1,103.26              |
| ACCOUNT NO. <b>0320293667005</b>   |          |                                       | 02/2010 ELECTRICITY PAYMENT PLAN 18  |              | Χ            |          | ,                     |
| AUTORIDAD DE ENERGIA ELECTRICA<br>PO BOX 364267<br>SAN JUAN, PR 00936-4267                         |          |                                       | PAYMENTS OF \$144.65   |              |              |          |                       |
|  |          |                                       |  |              |              |          | 2,700.00              |
| <b>1</b> continuation sheets attached  |          |                                       | (Total of th   | •            |              | ()       | \$ 10,388.81          |
|  |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules and, if applicable, on the St<br>Summary of Certain Liabilities and Related | also<br>atis | o o          | n<br>al  | \$                    |

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### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (                                     | Continuation Sheet)  |            |              |          |                       |
|--|----------|---------------------------------------|--|------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>12086566</b>  | ╁        |                                       | 2009 ADVERTISING   | Н          |              | H        |                       |
| AXESA C/O JULIETTE DONATO BOFILL, ESQ<br>PMB 1353 AVE LUIS VIGOREAUX<br>GUYANABO, PR 00926               |          |                                       | 2003 ADVERTIONS  |            |              |          | 6 402 90              |
|  | ╁        |                                       | 2000 DEDSONAL LOAN   | Н          |              | Н        | 6,493.80              |
| ACCOUNT NO. 0041615723504  BANCO BILBAO VIZCAYA  PO BOX 364745  SAN JUAN, PR 00936-4745                  |          |                                       | 2008 PERSONAL LOAN   |            |              |          |                       |
|  | L        |                                       |  | Ш          |              | Ш        | 647.21                |
| J.S. PALUCH COMPANY INC<br>3708 RIVER ROAD, SUITE 400<br>FRANKLIN PARK, IL 60131-2158                    | 1        |                                       | 2009 ADVERTISING   |            |              |          | 464.66                |
| ACCOUNT NO. <b>4308-5142-1009-4190</b>   | $\vdash$ |                                       | 2009 CREDIT CARD   | Н          |              | Н        |                       |
| MACY'S VISA<br>PO BOX 689194<br>DES MOINES, IA 50368-9194  |          |                                       |  |            |              |          | 1,385.22              |
| ACCOUNT NO.  |          |                                       | 2008 PROMISSORY NOTE PAYABLE TO THE  |            |              |          |                       |
| MAYRA M CABAN MOREAU<br>HC01 BOX 20500<br>CAGUAS, PR 00725   |          |                                       | BEARER   |            |              |          | 45 500 00             |
| ACCOUNT NO. <b>729624188</b>   | $\vdash$ |                                       | 2009 CELLULAR SERVICES   | Н          |              | Н        | 15,500.00             |
| T MOBILE C/O CRESCA CORP<br>PMB 92 PO BOX 71325<br>SAN JUAN, PR 00936                                    | 1        |                                       | 2009 CELLULAR SERVICES   |            |              |          | 4 404 04              |
| ACCOUNT NO.  | -        |                                       |  |            |              |          | 4,494.84              |
| Sheet no1 of1 continuation sheets attached to  |          |                                       |  | Sub        | totr         | a1       |                       |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of th   | is p       | age          | )        | \$ 28,985.73          |
|  |          |                                       | (Use only on last page of the completed Schedule F. Report   |            | ota<br>o o   |          |                       |

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(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

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### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE<br>OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|--|
| J CORPORATION<br>OSE COLON<br>ANGES #157 URB EL PARAISO<br>AN JUAN, PR 00926          | OFFICE RENT  |
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### IN RE ALLENDE DIAZ, INDIRA

|           | Case No |            |
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| Debtor(s) |         | (If known) |

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
|                              |                              |
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### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| Debtor's Marital Status   | DEPENDENTS OF  | F DEBTOR AND S | SPOUSE                                |                   |
|---|--|----------------|---------------------------------------|-------------------|
| Single  | RELATIONSHIP(S): SON   |                |                                       | AGE(S): <b>17</b> |
| EMPLOYMENT:   | DEBTOR   |                | SPOUSE                                |                   |
| Occupation Name of Employer How long employed Address of Employer                                   |  |                |                                       |                   |
|   | rage or projected monthly income at time case filed) ges, salary, and commissions (prorate if not paid mon me      | thly) \$       | DEBTOR                                | \$\$              |
| <ul><li>3. SUBTOTAL</li><li>4. LESS PAYROLL DEDUction</li><li>a. Payroll taxes and Social</li></ul> |  | <u>\$</u>      | 6 <b>0.00</b>                         | \$                |
| b. Insurance c. Union dues d. Other (specify)   |  | \$<br>\$<br>\$ | 66<br>66                              | \$<br>\$<br>\$    |
| 5. SUBTOTAL OF PAYRO  | OLL DEDUCTIONS   | \$<br>\$       | S                                     | \$\$              |
| 6. TOTAL NET MONTHI   | LY TAKE HOME PAY   | \$             | 0.00                                  | \$                |
| <ul><li>8. Income from real property</li><li>9. Interest and dividends</li></ul>                    | ration of business or profession or farm (attach detailed) r support payments payable to the debtor for the debtor | \$             | · · · · · · · · · · · · · · · · · · · | \$<br>\$<br>\$    |
| that of dependents listed about 11. Social Security or other  | ve   | \$             | 363.00                                | \$<br>\$          |
| 12. Pension or retirement inc 13. Other monthly income  | come   | \$<br>\$       |                                       | \$<br>\$          |
| (Specify)   |  | \$<br>\$<br>\$ | S<br>S                                | \$<br>\$          |
| 14. SUBTOTAL OF LINE  | S 7 THROUGH 13   | \$             | 8,363.00                              | \$                |
| 15. AVERAGE MONTHL  | Y INCOME (Add amounts shown on lines 6 and 14)   | \$             | 8,363.00                              | \$                |
|   | <b>GE MONTHLY INCOME</b> : (Combine column totals peat total reported on line 15)                                  | from line 15;  | \$                                    | 8,363.00          |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None** 

| IN  | $\mathbf{RE}$ | ALL | <b>ENDE</b> | DIAZ.   | <b>INDIR</b> | Α |
|-----|---------------|-----|-------------|---------|--------------|---|
| 11. |               |     |             | <i></i> |              | _ |

| Case No. |            |
|----------|------------|
|          | (If known) |

### SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, |
|--|
| quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed          |
| on Form22A or 22C.   |

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| 1. Rent or home mortgage payment (include lot rented for mobile home)   | \$                | 1,129.59 |
|---|-------------------|----------|
| a. Are real estate taxes included? Yes <u>✓</u> No  |                   |          |
| b. Is property insurance included? Yes No   |                   |          |
| 2. Utilities:   |                   |          |
| a. Electricity and heating fuel   | \$                | 425.00   |
| b. Water and sewer  | \$                | 75.00    |
| c. Telephone  | \$                |          |
| d. Other  | \$                |          |
|   | \$                | 400.00   |
| 3. Home maintenance (repairs and upkeep)  | \$                | 100.00   |
| 4. Food   | \$                | 300.00   |
| 5. Clothing   | \$                | 50.00    |
| 6. Laundry and dry cleaning   | \$                | 50.00    |
| 7. Medical and dental expenses  | \$                | 400.00   |
| 8. Transportation (not including car payments)  | \$                | 160.00   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$                | 50.00    |
| 10. Charitable contributions  | \$                |          |
| 11. Insurance (not deducted from wages or included in home mortgage payments)   | Φ.                | 00.00    |
| a. Homeowner's or renter's  | \$                | 89.00    |
| b. Life   | \$                | 70.00    |
| c. Health   | \$                | 79.00    |
| d. Auto   | \$                | 111.00   |
| e. Other  | \$                |          |
| 10 Th ( 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | \$                |          |
| 12. Taxes (not deducted from wages or included in home mortgage payments)   | Ф                 |          |
| (Specify)   | — <u>\$</u> —     |          |
|   | \$                |          |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)   | Φ.                | E06 00   |
| a. Auto   | <u>\$</u> —       | 596.00   |
| b. Other STUDENT LOAN   | —                 | 109.13   |
| 14. Alternative and a second and | \$                |          |
| 14. Alimony, maintenance, and support paid to others  | ,                 |          |
| 15. Payments for support of additional dependents not living at your home   | ,                 | 4 620 00 |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  | ,                 | 4,620.00 |
| 17. Other   | —— <sup>¢</sup> — |          |
|   | — * —             |          |
|   | —— <sub>2</sub> — |          |
| 19 AVEDACE MONTHI V EVDENCES (Total lines 1 17 Deposit also on Summore of Saladaria and if  |                   |          |
| <b>18. AVERAGE MONTHLY EXPENSES</b> (Total lines 1-17. Report also on Summary of Schedules and, if  | \$                | 7 943 72 |
|   |                   |          |

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: **None** 

### 20. STATEMENT OF MONTHLY NET INCOME

| a. Average monthly income from Line 15 of Schedule I | \$<br>8,363.00 |
|--|----------------|
| b. Average monthly expenses from Line 18 above       | \$<br>7,943.72 |
| c. Monthly net income (a. minus b.)                  | \$<br>419.28   |

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|        | TA T |
|--------|------|
| ( '266 | No.  |
| Case   |      |

Debtor(s)

(If known)

### DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_\_16 sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date: October 1, 2010 Signature: /s/ INDIRA ALLENDE DIAZ INDIRA ALLENDE DIAZ Date: \_\_ Signature: (Joint Debtor, if any) [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Social Security No. (Required by 11 U.S.C. § 110.) Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP (the president or other officer or an authorized agent of the corporation or a I, the member or an authorized agent of the partnership) of the \_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

### United States Bankruptcy Court District of Puerto Rico

| IN RE:   |                            | Case N   | o                            |                      |  |
|--|----------------------------|--|------------------------------|----------------------|--|
| ALLENDE DIAZ, INDIRA   |                            |  | Chapter <b>13</b>            |                      |  |
| Debtor(s)  |                            |  |                              |                      |  |
| BUSINE   | SS INCOME AND EXP          | ENSES  |                              |                      |  |
| FINANCIAL REVIEW OF THE DEBTOR'S BU  | SINESS (Note: ONLY INC     | CLUDE informati  | on directly rel              | ated to the business |  |
| operation.)  |                            |  |                              |                      |  |
| PART A - GROSS BUSINESS INCOME FOR THE   | PREVIOUS 12 MONTHS:        |  |                              |                      |  |
| 1. Gross Income For 12 Months Prior to Filing:   |                            | \$   | 96,000.00                    |                      |  |
| PART B - ESTIMATED AVERAGE FUTURE GRO  | SS MONTHLY INCOME:         |  |                              |                      |  |
| 2. Gross Monthly Income:   |                            |  |                              | \$8,000.00           |  |
| PART C - ESTIMATED FUTURE MONTHLY EXP  | PENSES:                    |  |                              |                      |  |
| <ol> <li>Net Employee Payroll (Other Than Debtor)</li> <li>Payroll Taxes</li> <li>Unemployment Taxes</li> <li>Worker's Compensation</li> <li>Other Taxes</li> <li>Inventory Purchases (Including raw materials)</li> <li>Purchase of Feed/Fertilizer/Seed/Spray</li> <li>Rent (Other than debtor's principal residence)</li> <li>Utilities</li> <li>Office Expenses and Supplies</li> <li>Repairs and Maintenance</li> <li>Vehicle Expenses</li> <li>Travel and Entertainment</li> <li>Equipment Rental and Leases</li> <li>Legal/Accounting/Other Professional Fees</li> <li>Insurance</li> <li>Employee Benefits (e.g., pension, medical, etc.)</li> <li>Payments to be Made Directly by Debtor to Sections</li> </ol> |                            | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ | 1,700.00<br>450.00<br>370.00 |                      |  |
| 21. Other (Specify):  MEDICAL SUPPLIES  MUNICIPAL PATENT  AUTO EXPENSES  | 700.00<br>150.00<br>200.00 | \$   | 1,050.00                     |                      |  |
| 22. Total Monthly Expenses (Add items 3-21)  |                            |  |                              | \$ 4,620.00          |  |
| PART D - ESTIMATED AVERAGE <u>NET</u> MONTHI   | LY INCOME                  |  |                              |                      |  |

\$\_\_\_\_\_3,380.00

23. **AVERAGE NET MONTHLY INCOME** (Subtract Item 22 from Item 2)

## DRA INDIRA N ALLENDE DIAZ PROYECCION DE INGRESOS Y GASTOS MENSUAL

ANGEL L MATTEI

CONTADOR

22-Sep-10

### DRA INDIRA N ALLENDE DIAZ OFICINA MEDICA - DRA ALLENDE PROYECCION DE ESTADO DE INGRESOS Y GASTOS MENSUAL

### INGRESOS

| SERVICIOS PROFESIONALES     | 8,000 |
|-----------------------------|-------|
| GASTOS GENERALES            |       |
| RENTA                       | 1,700 |
| SERVICIOS PRESTADO EMPLEADO | 950   |
| UTILIDADES                  | 450   |
| TELEFONO                    | 270   |
| SUPLIDOS MEDICOS            | 700   |
| SUPLIDOS OFICINA            | 100   |
| OTROS ,                     | 500   |
| 10 I AL GASTOS              | 4,670 |
|                             |       |
| INGRESO NETO                | 3,330 |
|                             |       |

<sup>\*</sup>OTROS GASTOS INCLUYE (PATENTE, AUTO(GASOLINA), CONTABLE E IN PREVISTOS.

### DRA INDIRA N ALLENDE DIAZ GASTOS PERSONALES MENSUALES

|                                   | 1     | ======== |
|-----------------------------------|-------|----------|
| TOTAL                             |       | 3,649    |
| CONTRIBUCCIONES (SS E INCOME TAX) | 600   |          |
| MANTENIMIENTO CONDOMINIO          | 89    |          |
| AGUA (A.A.A.)                     | 75    |          |
| LUZ (A.E.E.)                      | 425   |          |
| COLEGIO HIIO                      | 235   |          |
| ALIMENTOS (CASA)                  | 500   |          |
| PAGO AUTO                         | 596   |          |
| HIPOTECA CASA                     | 1,129 | •        |

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### United States Bankruptcy Court District of Puerto Rico

| IN RE:               |         | Case No    |
|----------------------|---------|------------|
| ALLENDE DIAZ, INDIRA |         | Chapter 13 |
| De                   | btor(s) | 1          |

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

56,000.00 2010 TO DATE BUSINESS OPERATION

90.864.00 2009 OPERATION OF BUSINESS

### 2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the

**two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement

a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

of this case.

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition

is filed, unless the spouses are separated and a joint petition is not filed.)

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NAME AND ADDRESS OF PAYEE CARLOS E RODRIGUEZ QUESADA PO BOX 9023115 SAN JUAN, PR 00902-3115

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR 08/17/2010

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 1.000.00

**US BANCKRUPTCY COURT** 300 Recinto Sur Street San Juan, PR 00901

09/29/2010 299.00

### 10. Other transfers

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

### 11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 13. Setoffs



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 14. Property held for another person



List all property owned by another person that the debtor holds or controls.

### 15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

### 16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

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| None   | a. List the name and address of every sit potentially liable under or in violation o Environmental Law.   |   |   |   |   |
|--------|---|---|---|---|---|
| None   | 2. East the name and address of every site for which the debtor provided notice to a governmental unit of a release of flazardous Material. Indie   |   |   |   | ous Material. Indicate                              |
| None   | c. List all judicial or administrative process is or was a party. Indicate the name and a   | edings, including setuddress of the govern  | tlements or orders, under any Environ<br>mental unit that is or was a party to th   | mental Law with respe<br>e proceeding, and the  | ct to which the debtor docket number.               |
| 18. N  | ature, location and name of business  |   |   |   |   |
| None   | a. If the debtor is an individual, list the nam of all businesses in which the debtor was proprietor, or was self-employed in a tra commencement of this case, or in which preceding the commencement of this case. | s an officer, directorate, profession, or of the debtor owned 5                       | r, partner, or managing executive of a<br>ther activity either full- or part-time v | corporation, partner vithin six years imme      | in a partnership, sole<br>diately preceding the     |
|        | If the debtor is a partnership, list the name of all businesses in which the debtor was preceding the commencement of this case   | a partner or owned  |   |   |   |
|        | If the debtor is a corporation, list the name of all businesses in which the debtor was preceding the commencement of this case   | a partner or owned  |   |   |   |
|        | OF SC<br>SECU<br>INDIV<br>TAXP  | FOUR DIGITS<br>DCIAL-<br>PRITY OR OTHER<br>VIDUAL<br>PAYER-I.D. NO.<br>D/COMPLETE EIN | ADDRESS AVE ITURREGUI #845 URB COUNTRY CLUB SAN JUAN, 00924                         | NATURE OF<br>BUSINESS<br>GERONTOLOG<br>Y OFFICE | BEGINNING AND<br>ENDING DATES<br>2008 TO<br>PRESENT |
| None   | b. Identify any business listed in response   | e to subdivision a., al   | bove, that is "single asset real estate" a  | as defined in 11 U.S.C                          | 2. § 101.   |
| [If co | ompleted by an individual or individua  | al and spouse]  |   |   |   |
|        | lare under penalty of perjury that I have to and that they are true and correct.  | e read the answers c  | ontained in the foregoing statement   | of financial affairs a                          | and any attachments                                 |
| Date   |   | ignature /s/INDIR<br>f Debtor   | A ALLENDE DIAZ  | INDIR <i>A</i>                                  | A ALLENDE DIAZ                                      |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

### United States Bankruptcy Court District of Puerto Rico

| IN RE:  |   | Case No.             |  |  |
|---|---|----------------------|--|--|
| ALLENDE DIAZ, INDIRA  | Debtor(s)  VERIFICATION OF CREDITOR MATRI             | Chapter 13           |  |  |
| The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge. |   |                      |  |  |
| Date: <u>October 1, 2010</u>  | Signature: /s/INDIRA ALLENDE DIAZ INDIRA ALLENDE DIAZ | Debtor               |  |  |
| Date:   | Signature:  | Joint Debtor, if any |  |  |

ALLENDE DIAZ, INDIRA COND VISTA VERDE **CARR 849 EDIF 1200 APT 165** SAN JUAN, PR 00924

INTERNAL REVENUE SERVICE P O BOX 21126 PHILADELPHIA, PA 19114-0326

Carlos E. Rodriguez-Quesada PO Box 9023115 San Juan, PR 00902

J.S. PALUCH COMPANY INC 3708 RIVER ROAD, SUITE 400 FRANKLIN PARK, IL 60131-2158

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